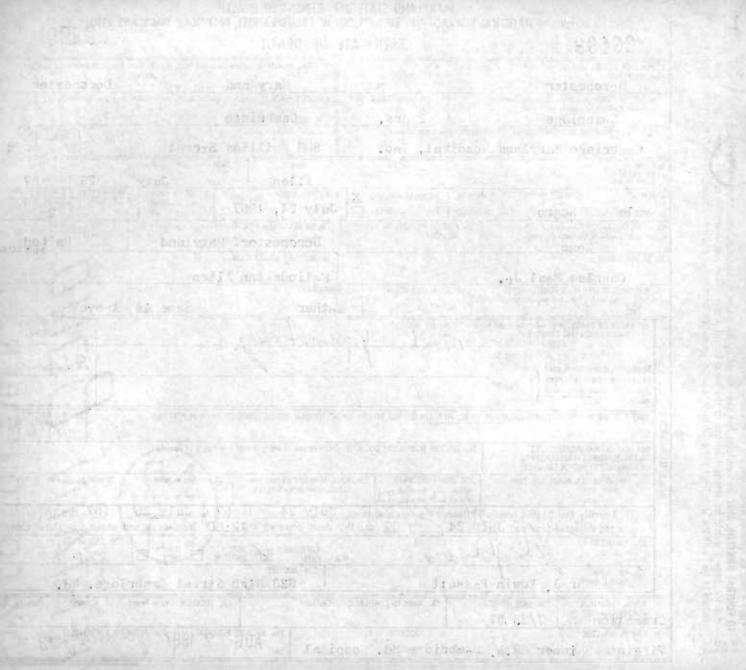
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09498 09497 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY DORCHESTER MARYLAND DORCHESTER b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour -AMBRIDGE d\_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Phillips Ave. NO X 4. DATE Year campletely DECEASED DELLA 7 19 67 (Type or print) Holams DEATH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH I IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost buthdoy) Months Dovs 01-19-86 DIVORCED WIDOWED IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** none none 13. EATHER'S NAME or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dotes of service) 214-07-7318A no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH CONGESTIVE HEART FAIL URE IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove 15 DAYS PNEUMONIA rise to immediate couse (o), DUE TO stoting the underlying couse or attending BREAST & METASTASIS TO THE LUNG 10+ YRS ( CANCER OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS PERFORMED? GENERALIZED ARTERIOSCLEROSIS T CHRONIC BRAIN SYNDROME NO X 20o. ACCIDENT WAS UNDERLYING [ 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, affice bldg., etc.) of wark L 21. I certify that (1) (this hospital) attended the deceased fram 24 JUNE 1967, to 29 JULY be retoined 19 47, and that death occurred at 9 and on the date stated above TO FUNERAL DIRECTOR: JULY saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S KILLORAN WALTER REED GEN, HOSP BOX 291 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Dorchester Memorial Park Cambridge, Md 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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OR ATTENDING be retained by INECTOR: After e 3 should be	saw the deceased alive on 1964, and that death occurred at M, from the causes and on the date stated above.
AL OR Lay be NL DIRI	M.D. PHYS. DIRECTOR PHYS. 7/28/67
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09501 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE Maryland Dorchester b. COUNTY Dorchester MARYLAND popers. Pages hin 72 hours afte b. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest town)
Cambridge c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Life Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled Cambridge Maryland Hospital Arcade Apartments hin YES NO IX NAME OF Middle First Lost 4. DATE remove carbon Day Year completely DECEASED JESSE M. BRADLEY July 16 Jr. 19 67 vent. (Type ar print DEATH IF UNDER 1 YEAR SEX 7. MARRIED X 1F UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years NEVER MARRIED birthdov) Months Male White Jan. 28, 1893 Days WIDOWED puo ond in an 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired).
Plant Foreman-Retired INDUSTRY COUNTRY? ottending physician sermit. Then please Cambridge, Maryland USA Food Canning 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. Jesse M. Bradley Mary Sollaway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give, war or dotes af service Mr. Michael Bradley, Cambridge, Maryland unk buriol, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) buriol-tronsit PART I, DEATH WAS CAUSED BY ONSET AND DEATH MPHYSEMA IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or attending physician. signed by DUE TO Canditians, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying cause ue aeroched for use as the Stote Dept. of Health prior to has been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? BRONGHITIS NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last director, page 3 should should be filed with the saw the deceased alive an\_ and that death accurred av. 45 M, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS. 22c. PHYSICIAN'S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

Dorchester Memorial Park

23a. BURIAL, CREMATION,

REMOVAL (Specify)

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

24. FUNERAL DIRECTOR **ADDRESS** LeCompte Funeral Service, Cambridge, Maryland

23b. DATE THEREOF

July 19 1967

2So. REC'D BY REGISTRAR 1967

23d. LOCATION (Gify or Town)

Cambridge, Maryland

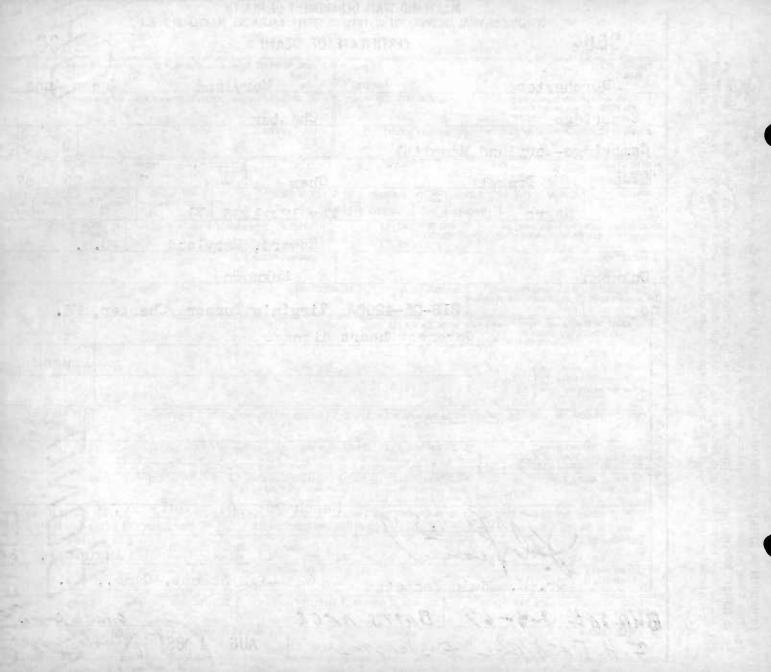
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ATTE	RECTOR: A 3 should with the		saw the deceased alive on 7/12/ 19 67, and that death occurred at 2:45 MA from the causes and on t	he date stated above
8 8 8	NL DIRE page 3		M.D. ATTENOING MED. STAFF 7/1	4/67
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TO HOSPITAL Page 4 may	TO FUNERAL DIRECTOR.  director, page 3 should be filed with the	23a	Harold P. Idiiller, M.D. Llescoll Markland	unty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09507 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY C ester. MARYLAND in 72 haurs after b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Cambridge d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) e. IS RESIDENCE ON A FARM? 2 papers. d. STREET ADDRESS filled State Shore 03+2.EN YES NO X NAME OF First Lost DATE Year DECEASED campletely OF DEATH (Type or print) 41 19 40 S SEX IF UNDER 24 HRS 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR remove hirthdoy) Months Davs Hours and in any temale WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) please during most of working life even if retired) INDUSTRY COUNTRY? BLIC Jchools 13. FATHER'S NAME 14\_MOTHER'S MAIDEN NAME ar removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INFORMANT** permit. (Yes, no, or unknown) (If yes give war or dates of service crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse as the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) certificate has Health 1 NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Dept. of etached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While of work 9e 21. I certify that (1) (this hospital) attended the deceased from O HOSPITAL OR ATTEND Page 4 may be retained director, page 5 such the 10 FUNERAL DIRECTOR: 19 67, and that deoth accurred of 11 25M, from causes and on the date stated above. saw the deceosed alive on La 22o, SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BARROSO HOTLOCK NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) (DEMETER. URIAL 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 Sons 10.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09508 09506 CERTIFICATE OF DEATH 24 hours ofter deoth. funerok 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) deat PLACE OF DEATH o. COUNTY o. STATE Maryland Dorchester b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6 days Rural-Fishing Creek d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled Cambridge Maryland Hospital None remove, corbon paper NO K ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 3. NAME OF First Middle 4. DATE Lost Year DECEASED LEROY COMPTON 19 67 July 12 (Type or print) DEATH SEX Male IF UNDER I YEAR IF UNDER 24 HRS. and in ony eve 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years **NEVER MARRIED** White Nov. 30, 1899 birthdoy) Manths Doys Hours WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT Dehydrating ottending physicion of sermit. Then pleose during most of working life, even if retired) Green Creek. New Jersey COUNTRY? USA Plant Manager 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. Samuel S. Compton Lizzie Foster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Mrs. Leroy Compton, Fishing Creek, Md. signed by the otten burial-transit permi buriol, cremation, o Yes unk 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospitol or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUF TO stoting the underlying couse os the prior to b hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY for use Heolth PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work ot work 7-13 196 7that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram /- 2 3 1967 ta. 1967, and that death accurred at 2 3M, fram causes and an the date stated above. saw the deceased glive on 7-/2 22b. DATE SIGNED 220. SIGNATURE M.D. PHYS DIRECTOR PHYS. 22d ADDRESS Cambridge, Maryland 22c. PHYSICIAN'S NAME (Type) W. N. Bauma nn, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) July 16 1967 Old Trinity Churchyard Church Creek, Maryland 25a. RECOLBY RECHTRA 1967 25b. RECISTHAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 LeCompte Funeral Service, Cambridge, Maryland

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
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CAMBRIDGE Che-	e K
CAMBRIDGE	ON A FARMT YES NO Day Year
(Type or print) JOHN HENRY DIXON DEATH 7	1 1967
WIDOWED DIVORCED 12-12-18 99 Last birthday) Months D	eys Hours Min.
done during most of working life, even if retired)  FARMER NONE MADISON MD	1.SA.
18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (b) Coronary Heart Disrare	14 chys
cause last. (c)	(a) 19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF ITHER, NOTIFY MEDICAL EXAMINER)	YES NO
20c. TIME OF INJURY Month, Day, Year Hour e.m. While Not While at work at work at work 19   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	y) (Stete)
2/1/2	
22a. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. []  22d. ADDRESS  22d. ADDRESS	7/3/67 DATE
NAME (Type) Lawrence Maryanov Cambridge, Md	(State)
REMOVAL (Specify) Madison energy madiso	w ml
Booker In Juest 718-Pine st Cent my DATE JUL 6 1967 fle	rles Judge
The state of the s	CERTIFICATE OF DEATH  1. PLACE OF DEATH  2. USUAL RESIDENCE [Where deceased lived, it individuon. Res. COUNTY  3. NAME OF TOWN (if outside corporate limit, write RURL and ot weaker lown).  4. CHY OF TOWN (if outside corporate limit, write RURL and ot weaker lown).  5. CHY OR TOWN (if outside corporate limit, write RURL and ot weaker lown).  6. CHY OR TOWN (if outside corporate limit, write RURL and ot weaker lown).  6. CHY OR TOWN (if outside corporate limit, write RURL and outside RURL and outside RURL and outside RURL or RURL).  7. MARK OF HOSPITAL OR RISTITUTION (if not in hospital, give street address).  8. NAME OF DECEASED (Type or print)  8. STATE  9. AGE (in years   if UNDRET)  9. AGE (in years   if UNDRET)  10a. USUAL OCCUPATION (Give land of weak.)  10b. NIND OF BUSINESS OR INDUSTRY   11. BURTHPLACE (County & Shar, or foreign country)   12. CHIZ  10a. USUAL OCCUPATION (Give land of weak.)  10b. NIND OF BUSINESS OR INDUSTRY   11. BURTHPLACE (County & Shar, or foreign country)   12. CHIZ  10a. USUAL OCCUPATION (Give land of weak.)  10b. NIND OF BUSINESS OR INDUSTRY   11. BURTHPLACE (County & Shar, or foreign country)   12. CHIZ  10c. MAS DECLASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANY  11s. WAS DECLASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANY  11s. WAS DECLASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANY  11s. GRUBE OF DEATH (Enter only one cause per lyns for (a), (b), and (a).  11s. GRUBE OF DEATH (Enter only one cause per lyns for (a), (b), and (a).  12c. CHIM OF INJURY MAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hem 18.)  12c. CHIM OF INJURY MORELA CRAMINES   20b. PLACE OF INJURY (Hones, farm. 20t. (City or lown)   11 (EITHER, NOTHY MORELA CRAMINES)   20b. PLACE OF INJURY (Hones, farm. 20t. (City or lown)   20b. PLACE OF INJURY (Hones, farm. 20t. (City or lown)   20b. PLACE OF INJURY (Hones, farm. 20t. (City or lown)   20b. PLACE OF INJURY (Hones, farm. 20t. (City or lo

MARYLAND STATE DEPARTMENT OF HEALTH

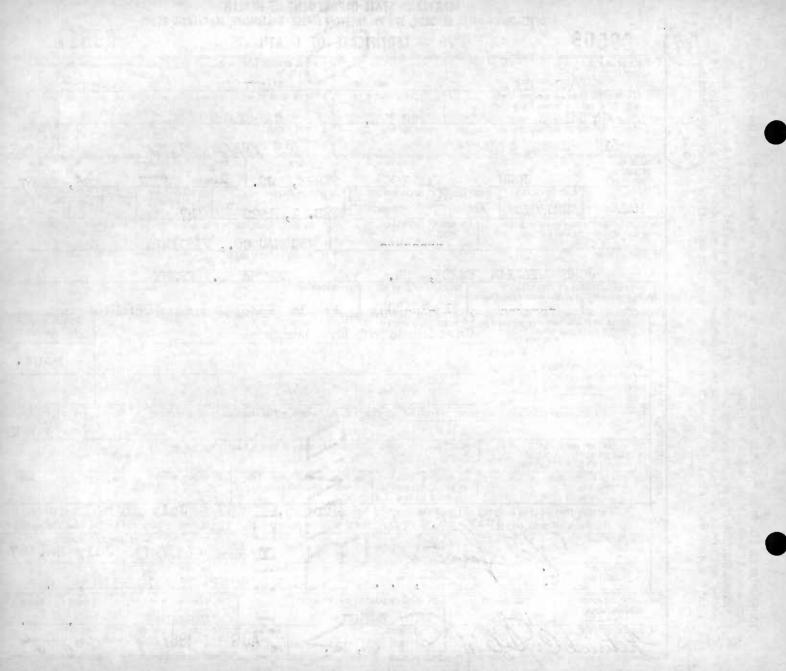
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09509 09511 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral 1 and 1er death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY DORCHESTER ours after MARYLAND DORCHESTER the b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CAMBRI DE E .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled STREET NO X YES NAME OF Middle remave carban First Lost 4. DATE Month Doy Year DECEASED OF event, (Type or print) JOHN WILLIAM DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH AGE (In years lost birthdoy) Months and in any MALE NEGROTO WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) please COUNTRY? LABORER ACCOMAC CO. VIRGINIA IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. WILLIAM BERTHA 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) ((If yes give wor or dotes of service 213-16-8011 FANNTE FERRY CAMBRIDGE burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
Carcinoma INTERVAL BETWEEN ONSET AND DEATH Carcinoma of the lungs IMMEDIATE CAUSE (o' **10 HOSPITAL OR ATTENDING PHYSICIAN.** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO 2 mons. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse etached far use as the Dept. af Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS) PERFORMED? NO K 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram June 5, 19 saw the deceased alive an July 26, 19 67, and that death accurred at \_\_\_\_, 19.67, to July 26, 19.67, that (I) (we) last page 3 shauld to filed with the S M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. July 26, 167 M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS directar, pa shauld be f NAME (Type) FASSETT. M.D. 623 HIGH STREET 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1987Sb. REGISTRAR'S SIGNATURE CAMBRIDGE **ADDRESS** REC'D, BY REGISTRAR VR A15 (4) 25M 1/67 CAMBRIDGE, MD. DATE



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09510 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Dorchester o. COUNTY Dorchester o. STATE Maryland any delay is , 2, and 3 to n PM3. Poge State Deportment of MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Cambridge c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) about 30wrs Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS ie certificote, writing the word "pending" in pencil in Item 18. Give Poges 1, S should be forworded to the Chief Medicol Exominer's Office olong with form DOA Cambridge Maryland Hospital 409 Washington Street 24 hours ofter death. I NAME OF Middle 4 DATE DECEASED BALDWIN FITZHUGH July 21 (Type or print) DEATH S. SEX 9. AGE (In years last birthdoy) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH April 23, 1888 Male White WIDOWED DIVORCED de 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Horse Trainer Race Horse Dorchester Co., Maryland 72 hours ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within John Fitzhugh Susie Adkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give wor ar dotes of service) Mrs Richard Insley, Woolford, Maryland within unk 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: buriol-tronsit event Coronary occlusion IMMEDIATE CAUSE (o) This certificate shauld DUE TO ONY Conditions, if any, which gave rise to immediate couse (a), 5 DUE TO stating the underlying cause 0 oug cremation, or removal. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificote, 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) Hour o.m. factory, street, affice blda., etc.) FUNERAL DIRECTOR: Poge ot work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X. Inquiry , Natural causes X. Accident ... Suicide . Hamicide Undetermined manner death resulted from funerol director. may be retained CHIEF MEDICAL EXAMINER Heolth prior to ACTUAL 7/22/67 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Cambridge. Md. EXAMINER'S John Mace Jr. M.D. NAME (Type) Address (Street, city, town, or county)

VR A15ME (5) 6M 1/67

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ADDRESS 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland

July 24 1967

230. BURIAL CREMATION.

250. REC'D BY REGISTRAR DATE JUL 2 5 1

23d. LOCATION (City or Town)

23c. NAME OF CEMETERY OR CREMATORY

Dorchester Memorial Park

Cambridge, Maryland 25b. REGISTRAR'S SIGNATURE Markey

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e. IS RESIDENCE ON A FARM?

YES

Day

Days

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

Months

NO X

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

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22. DATE SIGNED

(County)

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## AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edinission) e. COUNTY b. COUNTY Dorchester Md. Caroline MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) Rural Ridgely, Md. Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Bayly Road YES NO Middle 4. DATE Month DECEASED Columbus July Christopher Flamer 67 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED IDe. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Chicken plant Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillie Hines Victor Flamer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mrs. C.C.Flamer, Hillsboro, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary occlusion Instant DUE TO Conditions, if eny, which (6) geve rise to immediate cause DUE TO (e), stafing the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(\*) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES K NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) Month, Dey, Yeer (County) (Stete) fectory, street, office bldg., etc. Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 7/27/67 DEPUTY MEDICAL EXAMINER X EXAMINER'S John Mace Jr. M.D NAME (Type) city, town, or county) Cambridge, 22d. LOCATION (City, town, or country) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Hillsboro, Md. July261967 Sandtown 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATUR 23. FUNERAL DIRECTOR Charles V. Moore, Denton, Md.

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0 7 2			NAME OF		rst		Middle	04	Last	4. DATE OF	Mo Ju	nth	Doy	Year 1967
Give Jing w			Type or print)	6. COLOR OR RACE	MAS	UED TO NEW	ED HADDIED 🖂		RRETT DATE OF BIRTH	DEATH	9. AGE (In years	I IF UNDER	I YEAR T	IF UNDER 24 HR
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s certificate shauld be executed w e, writing the ward "pending" in p farwarded ta the Chief Medical Ex used as a burial-transit permit. File	withi		IB. CAUSE OF DE	ATH (Enter only one co	se per lin	e for (o), (b), on	d_(c).)		D	D	. 0			RVAL BETWEEN ET AND DEATH
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certificate sh, writing the arwarded ta t		NO	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUT	ING TO GEATH B	UT NOT RELATED T	TO TH	IE TERMINAL DISEASE C	ONDITION GIV	EN IN PART 1(a)			WAS AUTOPSY PERFORMED?
his cate, e far	may /	CATIC											YE	NO [
다 들 무	10	CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20	b. DESCRIBE HOV	V INJURY OCCURRI	ED. (E	nter noture of injury i	n Port I or Po	ort II of item IB.)			
sh sh	=	MEDICAL	20c. TIME OF INJU	10	1		While vork 20e.	PLACE foctor	OF INJURY (Home, for y, street, office bldg., et	rm, 20f.	(City or town)	(Co	ounty)	(Stote)
EX.				y that I taok charg				held	an Autapsy	, Inspec	tion , In	quiry ,	and	in my opini
ical EXAM ie execute the ctar. Page 4 ned far yaur ECTOR: Page	burial,		death result		al cause				le 🔲, Hamicid		Indetermined	monner [		
R Sire as			ACTUAL	6817	1	0	1			AL EXAMINER			9	2. DATE SIGNI
Pel di	ar to		SIGNATURE	04 00	アレン	Rel	T		_M.D. ASSISTANT M	EDICAL EXAMI	NER			z. DAIL SIGNI

the funeral 5 may be r 230. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Near Rhodesdale, Maryland
250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DATA UL 20 1967 Clarific Judge July Rhodesdale ADDRESS DIRECTOR 24. FUNER

VR A15ME (5)

TO DEPUTY

TO SHE WAS IN YOUR PROPERTY. the state of the s The way a made of the start of Man whomen the state of the state o . J. J. Commission of the second seco 09514

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09516

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OR STATE		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	ULU
DEPT.	1.	PLACE OF DEATH O. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Resider a. STATE Maryland b. COUNTY Que	en Anne
PM3 Page		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	e nearest tawn)
permit. File pages 1 and 2 with the State Departme within 72 hours after death.		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  Glasgow Nursing Home	d. STREET ADDRESS Unk	e. IS RESIDENCE ON A FARM? YES NO
	-	NAME OF First Middle DECEASED (Type or print)  AMES  GII	Last 4. DATE Manth OF JUL	Doy Year y 23 19 67
ath.	5.		B. DATE OF BIRTH Oct. 1, 1009  9. AGE (In years Jost birthday) 77  Months	1 YEAR   IF UNDER 24 HRS. Days Hours Min.
fter de	100 du	n. USUAL OCCUPATION (Give kind of wark dane ring most of working life, even if retired)  UNK  UNK  UNK  UNK  UNK		TIZEN OF WHAT DUNTRY? USA
hours a	13	FATHER'S NAME unk	14. MOTHER'S MAIDEN NAME  unk	
hin 72		. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war ar dates of service) unk  116. SOCIAL SECURITY NO. Gla	NFORMANI Asgow Nursing Home, Cambridge,	Maryland
event within		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OUE TO  Coronary occlus:	ion	INTERVAL BETWEEN ONSET AND DEATH Instant
and in any event		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  (c)		
erridvai, c	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
5	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	(Enter nature of injury in Port I or Port II of item 1B.)	
	MEDICAL		CE OF INJURY (Hame, farm, Ory, street, affice bldg., etc.)	unty) (State) _
ealth priar to burial, cremation,		21. I certify that I taak charge af the remains described above, he	Id an Autapsy, Inspectian, Inquiry, ide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER	and in my apinian  22. DATE SIGNED
Ith prior		EXAMINER'S NAME (Type) KANNY John Mace Jr.	DEPUTY MFDICAL EXAMINER X Address (Street, city, town, or county)	7/24/67
Health 7	23	o. BUBUN, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMOVAL (Specify)  July 26 1967 Greenlawn Ce.		(Caunty) (State)
(5)	2	4. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Mar	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE STANDARD

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1		MARYLAND STATE DEPARTMENT OF HEALTH	
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE		09515 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3
HEALTH DEPT.		PLACE OF DEATH  2. GOORI RESIDENCE (Where daceased lived, If institution: Residence before ad	mission)
. Page files.	1	OUNTY DORCHESTER MARYLAND O. STATE DEL B. COUNTY	1
8 2 4 4		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	)
Se o ct s	1	CAMBRIDGE 2DAYS LAUREL 46	2
in September 1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  le. IS RESI	
od feed for the Land		RF.D2	FARM?
fur Stain Sta		NAME OF First Middle Last 4. DATE Month Dey Year	
the of the		OF OF DEATH 7 - 78 - 10 /	17
the safe	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 2	4 HRS.
P Pund		last birthdey) Months Deys Hours	Min.
2, and 1,	10a.	s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	OLINITOV2
es 1, Page s 1 al	dor	and during most of working life, even if retired)	(
hot hot 3. P 3.	13.	Seaford, Delaware U, ). A	)
24 ve P		D = Main and	
File G	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT	
Will 18.	(Yes		0
wit with per	1	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]  ROBERT MOLLOCK - LAGREL  INTERVAL BETW	DE
ong long ansit		PART I, DEATH WAS CAUSED BY: C. D.	
alo alo		IMMEDIATE CAUSE (6) JULIS DUNA 7 ETA A TOMA	
Id b i pe fice rial		51/ DUE TO	
hou or in		Conditions, if any, which geve rise to Immediate cause	
fing ling er's as a		(a), steting the underlying DUE TO	
ifica pend amin sed crem		couse lost. (c)	
d "d Continue of " b	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUT	
wor wor lical uld b	CERTIFICATION	BILATERAL OTITIS MEDIA VEST N	-
the value should be to be	RTIFI	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)	
ting thing thing thing the state of the stat		CAUSE OF DEATH.	
Mind Anis	ICAL		tate)
XAX The v	MEDI	Hour a.m. While Not While et work et work	
L as C L		21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my opi	nion
CA ded also also also also also also also also		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	
IC. orwarde orwarde designat		CHIEF MEDICAL EXAMINER	
te me of forward forward design		ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGN	ED
N D O N E		SIGNATURE AND DEDITY MEDICAL EVAMINED	C. 11
D & PHO		NAME (Type) OHN MACE O'R Address (Street, city, town, or county)	5/6
O DEF please 4 shou O FUT Health	22a.	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY / 22d. LOCATION (City, town, or country) (State)	, ,
5 g 4 5 g	7	Burier 7/30/67 Bethe/Cometer + Campindee, M	1
VP ATEUR	23.	FUNERAL DIRECTOR ADDRESS 24. REC'D BY REGISTRAN 24b. REGISTRANS SIGNATURE	-
VR A15ME 5M 1/62	1	Serbert M. St. Clarx Ix Compridor Marie AUG 7 1967 Horarles Just	plo !
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1 /		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
i tori		09516 CERTIFICATE OF DEATH 09518
after death, the funeral ges (1 and 2 after death,	1.	LACE DF DEATH COUNTY  Derchester  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission, a. STATE  MARYLAND  Derchester  MARYLAND
S de S	(	VAITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)  Few days  Fast Now Mar Ket 08/
Fille fille 77 n 73	(	ANAME OF HOSPITAL OR UNSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE DN A FARM? YES \( \sum \) ND
≥ 225 €		IAME OF First Middle Last 4. DATE Month Day Year OF DEATH 1 25 1967
executed will and complex remove carb	5.	White WIOOWED DIVORCED   1/17/9/4 Syrs. Wonths Days Hours Min.
be cian ase nd ir	9	ISUAL OCCUPATION (Give kind of work done of the line o
ertifica ding ph Then removal	13.	father's NAME  OWArd Henry Eva Marine
death c e atten permit.	15, (Ye	VAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service)  Mrs Emerson Henry, East New Market
hat the death certificate be (cian. ician. ed by the attending physician transit permit. Then please I, cremation, or removal, and in		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ONSE AND OEATH
The law requires that the death certificate or attending physician. ate has been signed by the attending physiuse as the burial-transit permit. Then ple salth prior to burial, cremation, or removal, and		conditions, if any, which cave rise to immediate (b) (b) (b)
aw requalstanding	N	cause (a), stating the OUE TO (c)
The last or at ficate hor use or use	CERTIFICATION	PERFORMED? YES ND
PHYSICIAN: The law ry the hospital or attend sr this certificate has be detached for use as the Dept. of Health prior		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) R CDNTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) OC. TIME OF INJURY Month. Day. Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home.farm.) 20f. (City or town) (County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	MEDICAL	Hour a.m.  p.m.  While Not While at work at work factory, street, office bldg., etc.)
OR ATTENDIN De retained   OIRECTOR: Af ge 3 should the		21. I certify that (I) (this hospital) attended the deceased from 7-2/67, 19 to 7, that (I) (we) las saw the deceased alive on 1967, and that death occurred at 3 M, from the causes and on the date stated above 22a. SIGNATURE
ITAL OR 7 may be r RAL OIREG r, page 3		M.D. ATTENDING MED. STAFF 7/25/67  22c. PHYSICIAN'S 122d ADDRESS
FO HOSPITAL OR ATTEN Page 4 may be retaine TO FUNERAL OIRECTOR: director, page 3 shoul should be filed with the	737	NAME (Type) VI BUY V. Baumann Cambu: 290, MJ  BURIAL, CREMATION, 1236. DATE THEREOF 1230 NAME OF CHMETERY OF CREMATION 1236 LOCATION, (City, town or county) (State)
To Page Ships	24	REMOVAL (Specify) 7/27/67 EAST NEW MARKET NEW MARKET NO. ADDRESS 1/250. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	1	with S. Willoughly Court New Market DATE JUL 27 1967. Icharles Judges.

Local State of the State of St Smooring to the day a story when I have the Nach to Hand State Lighter District at du 19 St Hospital Employed Don Marland USH Heward I Henry Exallarine Mrs Imerson Henry East Her Market Teller Middinger Combade Mid Dug at 2/27/67 Exist New Market East New Market and The test of the whole the three the test and the test of

Lamora & Waterland W. V. V. arbeion E. 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. CDUNTY Dorchester after Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) letely filled in by rbon papers. Page , within 72 hours a hours Lifetime Cambridge Cambridge d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Cambridge-Md. Hospital Glenburn NO X YES executed within completely NAME OF Month Last DATE Day Year DECEASED Edwin Cornelius HopkinsJr. (Type or print) DEATH July 19 6. COLDR DR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. last birthday) Months | Days Hours Male White WIDDWED | DIVDRCED | Feb. 3.1898 yrs. 1Da. USUAL DCCUPATION (Cive kind of work done I 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? of Sales Canning U.S. Dorchester Md The law requires that the death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending print. Then Edwin C. Hopkins Clara Ewel. signed by the attend ourial-transit permit. burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) WW Cambridge Yes Mrs. E.C. Hopkins Jr. INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). the hospital or attending physician. been signed the burial-tr or to burial, c DUE TD Conditions, If any, which (b) rise to Immediate DUE TO cause (a), stating the prior underlying cause last. has (c) 38 CERTIFICATION WAS AUTOPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health nse PERFORMED? certificate YES NO T 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HDW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) r this certifidetached for Dept. of B OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work 0 should ith the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the saw the deceased alive on-M. from the causes and on the date stated above. and that death occurred at SIGNATURE page ATTENDING PHYS. PHYS. DIRECTOR Page 4 may O HOSPITAL FUNERAL frector, pe PHYSICIAN'S ADDRESS 22c. 22d. NAME (Type) should 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) BURIAL, CREMATION, 5 p REMDVAL (Specify) Cambridge Buria Cambridge Cemetery **TUNERAL DIRECTOR** VR A15 (4) Cambridge Md. DATE 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATEM HEALTH DEPT. deloy is and 3 to AM3. Page

24 hours ofter deoth. If on the in Item 18. Give Poges 1,

This certificate should be executed within

please execute the certificate,

the funeral director.

MESICAL EXAMINER:

Department 2, a. P.M3. P Office along with form State he event within 72 hours ofter deoth. in pencil in I Exominer's ( the Chief Medical e, writing the word forworded to the Ch any .⊆ be used removol, should be

3 should cremotion, or may be retoined for your FUNERAL DIRECTOR: Page

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Dorchester b. COUNTY Dorchester o. STATE Maryland MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Cambridge 3 years Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)
Cambridge Maryland Hospital e. IS RESIDENCE d. STREET ADDRESS LO9 Cemetery Avenue ON A FARM? NO K YES NAME OF Middle DATE Month Year DECEASED OSCAR 19 67 SAMUEL July 12 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** Nov. 13, 1882 birthday) Months Male White WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country)
Dorchester Co., Maryland 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) Waterman-Retired COUNTRY? USA Searbod 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Edward Jenkins Dulcina MacNamara 16. SOCIAL SECURITY NO. 27. INFORMANT 212-16-7373A Mrs Louise Delaha, Cambridge, Maryland 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dotes af service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Terminal Pneumonia DUE TO 15 days Conditions, if any, which gove Fracture neck right femur rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Congestive heart failure ? NO X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Slipped and fell in his home. MEDICAL 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) factory, street, affice bldg., etc.) Hour o.m. Not While at wark at wark Home Cambridge Dor. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X. Inquiry and in my opinion deoth resulted from: Noturol couses . Accident X Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7/19/67 DEPUTY MEDICAL EXAMINER TO EXAMINER'S John Mace Jr. M.D. Address (Street, city, town, or county) cambridge. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY
Dorchester Memorial Park 23d. LOCATION (City or Town) (County) Cambridge, Maryland 23o. BURIAL, CREMATION, July 14 1967

2So. REC'D BY REGISTRAR

VR A15ME (5) 6M 1/67

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Health prior to

24. FUNERAL DIRECTOR

LeCompte Funeral Service, Cambridge, Maryland

Film \$390 - 7/21/69 - 2013 -Originally reported on regular death certificate and should have been on M.E. Mark the Market Committee of the Committ n to become the transfer of the state of the to Wood Street 39 I . the same and the same of the same Temprisis no livi bra bage 18 the both against as Adding the gone story to the .All . sybive son April Diversity 1961 I S BULL to more the first property of the last

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09521

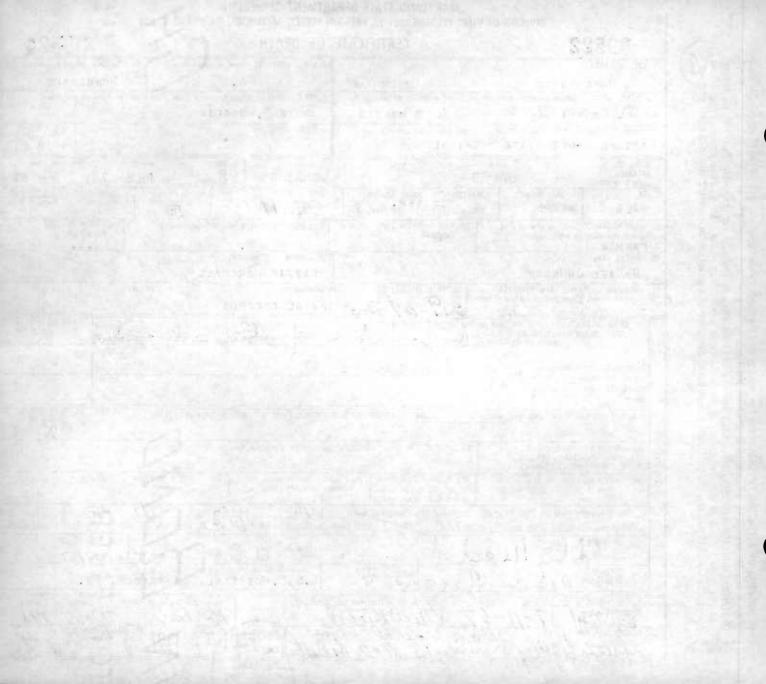
### CERTIFICATE OF DEATH

09523

	PLACE OF DEATH     O. COUNTY     DORCHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before or a. STATE MD. COUNTY CAROLINE	dmission)
1	b. CITY OR TOWN (If autside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest to	wn)
	write RURAL and give neorest town) RURAL CAMBRIDGE 6 YEARS	ROUTE 1, FEDERALS BURG	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)		RESIDENCE N A FARM?
3	EASTERN SHORE STATE HOSPITAL	Dridgeville Road YES	× NO
	3. NAME OF First Middle DECEASED (Type or print) CHARLES WESLEY JOHNS	DEATH	Year 19 67
	S. SEX  MA LE  6. COLOR OR RACE  WHITE  WIDOWED  NEVER MARRIED  DIVORCED		UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired)  FARMER (Retired)  10b. KIND OF BUSINESS OR INDUSTRY FARMER (Retired)  Farming	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF W. COUNTRY?  COUNTRY?  Sussex Co., Delaware U.S.	HAT
ſ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	GEORGE JOHNSON	BESSIE HOLDER	
	(Yes, no, ar unknown) (If yes give war or dates of service)	INFORMANT Address SPITAL RECORDS	
	18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		AL BETWEEN AND DEATH
	Canditions, if any, which gave ise ta immediate cause (a), (b) Orterus cle	way 10 g	jear
	stoting the underlying cause   DUE TO   (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WA PET YES	S AUTOPSY FORMED? NO
	GR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I ar Part II of item 18.)	
		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)  20f. (City or town) (County)	(Stote)
	21. I certify that (I) (this haspital) attended the deceased from_saw the deceased alive an7/519_67_, and that	8/2 , 1961, ta $7/5$ , 1967, that the death accurred at $M$ M, fram causes and an the date s	(I) (we) lost tated abave
	22a. SIGNATURE C-F BCLLLS M.I		7
/	22c. PHYSICIAN'S NAME (Type) C. F BARROSO MY	E.S.S.HOSPITAL, CAMBRIDGE, MD.	
	230. BURIAL (REMATION, REMOVAL (Specify)  July 8,1967  Bethel Cemeters OR		(Stote) vland
1	24 EUNERAL DIRECTOR ADDRESS Transton Leverel Have Le levelate	Lus Marie JUL 7 1967 REGISTRAR'S SIGNATURE	Judge

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND 21201

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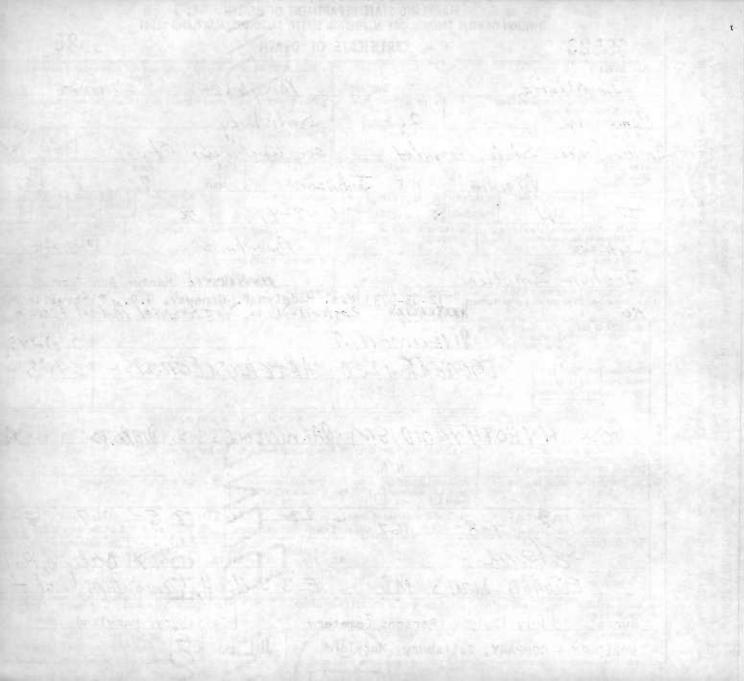
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CERTIFICATE OF DEATH

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-			CITY OR TOWN (I out	rside corporate limits, write RURA	
	yrite RURAL and give nearest town)	)	- CIT OK TOWN (I OU	iside corporote illiliis, write Kokk	t one give nearest towny
_(	'Ambridge d	yes.	JA118 DU	sey	29 2
کسے	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	oddress)	d. STREET ADDRESS	114 /	e. IS RESIDENCE ON A FARM?
1	45 tERN Shore STATE HOSPITA	4/	200 LUASI	INCHEN IT.	YES NO M
	NAME OF First	Middle	Last	4. DATE Month	Doy Year
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	WAITRESS		/hary	AND	V. 5, A.
3.	FATHER'S NAME		4. MOTHER'S MAIDEN N	IAME	
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	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. INF	ORMANT,	Address	
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	18. CAUSE OF DEATH (Enter only one couse per line for (σ), (b), o PART 1. DEATH WAS CAUSED BY:	nd (c).)			ONSET AND DEATH
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	lost. (c)				THE RESULT
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT PELATED TO THE	TERMINAL DISEASE CON	DITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
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Ē	20b. DESCRIBE HO'  OR CONTRIBUTING □ CAUSE OF DEATH  20b. DESCRIBE HO'	W INJURY OCCURRED. (En	ter noture of injury in F	Port I or Port II of irem 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A			
MEDICAL	2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCC		OF INJURY (Home, form		(County) (Stote)
ME		While wark	, street, office bldg., etc.)		
	21. I certify that (5)(this haspitol) attended the		-73- 1	965. to 7-8-	. 19G 7that (1) twe) las
		1967, and that d			nd on the date stated above
	220. SIGNATURE	17 cs 7, una mar a	edin deconed di	m, num cuoses un	22b. DATE SIGNED
	220. SIGNATURE			MED. STAFF	1 1 9 10c=
	a single and	M.D.		DIRECTOR L PHYS. L	13014 0, 146 1
	NAME (Type) FOULARD IN 115	110	22d. ADDRESS	Unol. Ca h	Almo 12 d
	COUNTRY LEWIS	IVIL	10.3.311	JOSP', GULLING	my y my -
23o		AME OF CEMETERY OR CRE	EMATORY ,	23d. LOCATION (City or Town	(County) (Stote)
	Burial July 12,1967 Par	sons Cemete	rv	Salisbury, Ma	arvland
24.		ADDRESS ~			STRAR'S SIGNATURE
		y, Maryland		11 1967 gcc	conley Judge
24.		ADDRESS ~	2So. REC'D	BY REGISTRAR 25b. REGI	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10591 hours after death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ORCHESTER a. STATEMARYLAND DORCHESTER MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Pag LIFE CAMBRIDGE CAMBRIDGE = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? CAMBRIDGE MARYLAND HOSPITAL. INC. 707 YES A NO within etely N N NAME DE DECEASED First Middle Last DATE Month Day 19 67 (Type or print) PT.ATER JOLLEY JULY 10. SYTUTA DEATH executed SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED and cor 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months ! Devs MARCH 8. FEMALE WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done! Ξ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY DORCHESTER CO. MD. USA TABOREE death certificate \_\_\_\_\_ removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY JOHNSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address been signed by the atter the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) CAMBRIEGE, MD. ORWOOD JOLLEY 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a). Corebral Vascular accident ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. davs DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hat hed for use at the termination of the of t PERFORMED? NO TY 20a. ACCIOENT WAS UNDERLYING 
DR CONTRIBUTING 
CAUSE DF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this certif d be detached f e State Dept. of I MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from June 27. July 19 (that (I) (we) last . 190 DIRECTOR: Jage 3 should lied with the . to saw the deceased alive Do and that death occurred at. \_M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED July ATTENDING PHYS. STAFF DIRECTOR M.D. 4 may O FUNERAL I director, pag should be fill PHYSICIAN'S 22d. **ADDRESS** NAME (Type) EDWIN FASSETT. STREET CAMBRIDGE. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  FOR STATE HEALTH DEPT.  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Description of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, BALTIM									
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d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS	RESIDENCE A FARM? NO P								
Body	Year 19 <b>67</b>								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In yeors lost birthday) 48 yrs.  FEMALE WIDOWED DIVORCED 03-18-19 9. AGE (In yeors lost birthday) 48 yrs.	NDER 24 HRS. Iurs Min.								
FEMALE WHITE WIDOWED DIVORCED 03-18-19 48 yrs.    100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   100. USUAL OCCUPATION (Give kind of work done life life life life life life life lif	AT								
13. FATHER'S NAME  CHARLES R. JONES  TO WAS DEFCASED EVER IN ILS ARMED FORCES?  LIS WAS DEFCASED EVER IN ILS ARMED FORCES?									
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, na, ar unknown) (If yes give wor or dates af service)  NO  16. SOCIAL SECURITY NO.  17. INFORMANT  RECORDS OF THE EASTERN SHORE STATE HOS  INTERVAL	RECORDS OF THE EASTERN SHORE STATE HOSPITAL								
IB. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Marin A  ONSET A	ND DEATH								
The state immediate couse (o), stoting the underlying couse    State   Canaditions, if only, which gove rise ta immediate couse (o), stoting the underlying couse   DUE TO									
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200. EXTERNAL CAUSE WAS PEND OF DEATH  200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)	Setizo ply sic reaction (200 Performed)  YES (NO )  200. EXTERNAL CAUSE WAS  200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)								
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature at injury in Port I of Port II of Item IB.)  20c. TIME OF INJURY Manth, Doy, Yeor  20d. INJURY OCCURRED — 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County)	(State)								
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature at injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Manth, Doy, Yeor Hour o.m. p.m. 19   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Hame, form, factory, street, office bidg., etc.)  21. I certify that I taok charge of the remains described above, held an Autopsy   1. Inspection   1. Inquiry   1. Activate   1. Inquiry   1. Inquiry	my opinior								
Hour o.m.  19   While of work	ту оритот								
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificote be executed within 24 hours after death. Page 4 moy be retained by the hospital or ottending physicion.

#### CERTIFICATE OF DEATH

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	U	2266			CEKIIFIC	LAIE (	JE DEATH				020	019
	PLACE OF D     O. COUNTY	Dorche			MARYLA		o. STATE Mai	CE (Where dece ryland	osed lived, if institu b. COL	utian: Residence JNTY Dor	ce before odm	issian) r
	b. CITY OR write RU	OWN (If autside RAL and give nea MDridge	corporote limit arest town)	rs,	c. LENGTH OF STAY IN 3 days	1b c.		If outside corporate L-Crock	arate limits, write RI	URAL ond give	neorest town	1)
63	d. NAME OF Cambr	HOSPITAL OR IN:	stitution (if no ryland	ot in haspital, g Hospita	ive street address)	d	. STREET ADDRESS					A FARM?
	3. NAME OF DECEASED (Type or pri	nt)		irst ELYN	Middle SINCLAIR	М	Last	4. DATE OF DEAT		Jul;	y 6	Year 19 67
	s. sex Female		or or race	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		an. 26,	1909	9. AGE (In yeors lost birthdoy) 58 yrs.	IF UNDER 1 Manths	Days Hau	VDER 24 H
	10a. USUAL OCCI during most of v Hou	JPATION (Give kin varking life, even SEWLIE	nd of work dane if retired)	10b. KII	ND OF BUSINESS OR CUSTRY		1. BIRTHPLACE (Col Dorchest		foreign country) , Marylai		IZEN OF WHA UNTRY?	USA
	13. FATHER'S N	AME Ch	arles S	Sinclai	r	14	Mary Mary	en name icNamar	a			
		SED EVER IN U.S. A nawn) (If yes giv		of service) 16. 5	ocial security No.	Mr.		H. Mil	ls, Croc		Maryl	and
	18. CAUSI PART	I. DEATH WAS C	AUSED BY:	Va.	(a), (b), ond (c).)						INTERVAL ONSET AN	
	58	OX	MEDIATE CAUSE DUE	/	110111113	1		,5		0 1	2	1 .
	rise ta imi	, if ony, which go mediate cause (	(a), ( DIE	(b) /V/Or	Ked OF	ule			nic in	Lectro	7 30	d44
	stoting the	underlying co	use )	(c) 0 y	wall bla	odde	m. DW	1-00	crative		unt	NOU
	PART II. 0	THER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING T	DEATH BUT NOT RELATE	ED TO THE	TERMINAL DISEASE			,	19. WAS A	AUTOPSY ORMED?
1	CELLECATION OR CONTRI OR C	ENT WAS UNDERLY	cony	and	SPENEC		x Gyp	rersp	Jenis 4	4)	YES To	NO
		BUTING ( CAUSE NOTIFY MEDICAL E	OF DEATH	HY	per/ensiv		andio			seas	e	
		OF INJURY Montour o.m.		20d. IN While of work	Not While		F INJURY (Home, street, office bldg.,		(City or town)	(Cou	inty)	(Stote
		<b>certify</b> that		pital) attend	ed the deceased fro	ark Ju	eath accurred	, 19 6 / at 8 /4	ta Cy M, fram causes	6, 19 and an th	6,7that (I	) (we) ited abo
	220. SIGN	wis	hla	kus	litte	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		ITE SIGNED	7
1	22c. PHYS		W15/	M, IS	urdette		22d ADDRESS	bridg	irora	Stany,	lano	/
	230. BURIAL, CI	(EMATION, (Specify)	23b. DATE TH	EREOF 1967	23c. NAME OF CEMETE Dorcheste:	RY OR CREAT	MATORY orial Pa	ark C	LOCATION (City or T ambridge	own) Mary	(County) Land	(State)
	24. FUNERAL I									REGISTRAR'S SI		

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09533 09530 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Dorchester o. STATE Maryland b. COUNTY Dorchester MARYLAND within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Rural-Cambridge .⊆ d. STREET AOORESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled i Cambridge Maryland Hospital Maple Dam Road, RFD #2 YES X NO 3 NAME OF First Middle 4. DATE Month Lost Year OECEASED SAMUEL PAYSINGER July 19 67 (Type or print) DEATH remove co 6. COLOR OR RACE
White S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Male last birthdoy) Dec. 11, 1892 Hours WIDOWED OIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired)
Lumberman-Retired INDUSTRY Lumber COUNTRY? South Carolina pup USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal, John Paysinger Ada Shigh 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Samuel C. Paysinger, Cambridge, Md. unk 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO signed burial Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse State Dept. of Health prior to as the last WAS AUTOR PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO has THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION NO certificate lar 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour am foctory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this haspital attended the deceased fram M, from causes and on the date stoted obove. TO FUNERAL DIRECTOR: saw the deceased alive on and that death occurred of 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page 3 should be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, East New Market Cemetery REMOVAL (Specify) East New Market, Maryland ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) LeCompte Funeral Service, Cambridge, Maryland 25M 1/67

Some form that the second of the first that the second of farat per a una The second secon Automoscientic Nephritis 16 995 CONDUNARY HEART DISCORE 3448 Myocardial Inforction 2 days 17/1/2 800 17/1/9 7/7/47 Lawrence Maryanov Cambridge md Lamour Mangard Committee of the Commit

		MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	1
			534.
•	1.	PLACE OF DEATH  o. COUNTY  DORCHESTER  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence o. STATE b. COUNTY CEC	
	R	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  CURAL CAMBRIDGE  c. LENGTH OF STAY IN 1b  52 YEARS	
3		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  ASTERN SHORE STATE HOSPITAL	e. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF First Middle Lost 4. DATE Month OF OF OF DEATH JULY 3	Doy Year 19 67
	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IF UNDER LY	
	dui	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	EN OF WHAT
	13.	3. FATHER'S NAME BENJAMIN PRICE IIIndates Jones	
	15 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, o Not nown) (If yes give wor or dotes of service) None.  17. INFORMANT Address HOSPITAL RECORDS	
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  TERMINAL PNEUMONIA	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  Conditions, if ony, which gove to immediate couse (o), stoting the underlying couse lost.  (c)	3 DAYS
)	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION		
7	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m. 6/30/67 p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, hor while of work o	"
-		21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, deoth resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER CAMBRIDGE ASSISTANT MEDICAL EXAMINER CAMBRIDGE ASSISTANT MEDICAL EXAMINER CAMBRIDGE CAMBRIDGE	ond in my opinio
2	00	NAME (Type)  JOHN TA CE JR.  Address (Street, city, town, or county)	1/5/01
		Burial July, 7, 1967 St. Stephens Cemetery. Earleville, Ce	ounty) (Stote)
2080	24	24. FUNERAL DIRECTOR 250. RESPONSE SIGNAL DATE 250. RESPONSE SIGNAL DATE	Judge

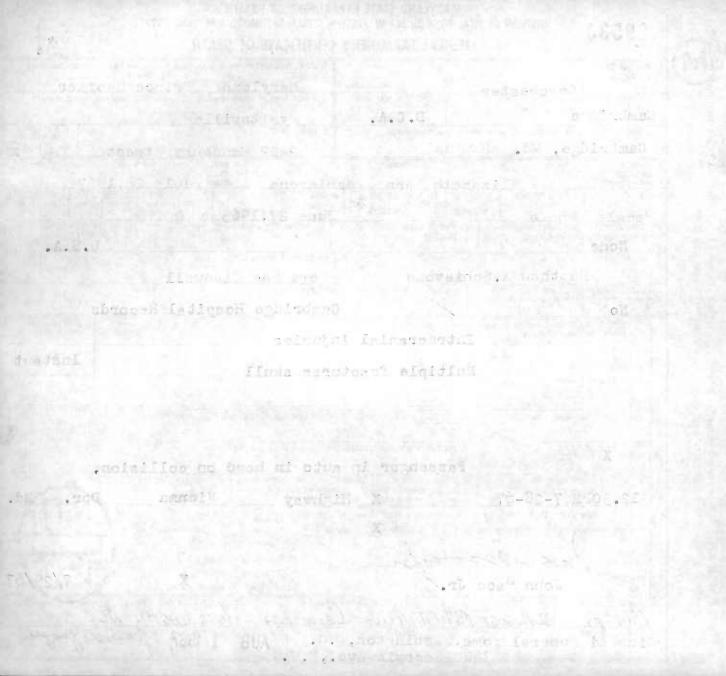
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AND CARLES SEE SEE SEE SEE SEE SEE SEE SEE Cells Tarred Constitute officers after real of the second of the seco . At . Out Designation of the control of the contro 4 1 1 1 And the state of t

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09533 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT! PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY Ty delay is 2, ond 3 to PM3. Poge o. STATE b. COUNTY MARYLAND Maryland Prince Georges b. CITY OR TOWN (If autside carparate limits, Stote Déportment c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cambridge Hyattsville
d. STREET ADDRESS D. O.A. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? with form 99 Cambridge, Md. Hospital NO DE Give Pages YES 2/102 Woodbury Street hours after death. NAME OF 4. DATE First Middle Year Day DECEASED (Type or print) DEATH 28 July Elizabeth Schiavone Ann e, writing the word "pending" in pencil in Item 18. Give forwarded to the Chief Medical Exominer's Office olong NEVER MARRIED AGE (In years IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED last birthday) Manths Days Haurs in Item 18. in ony event within 72 hours after death WIDOWED DIVORCED White 27 Pemala. 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY be executed within 24 U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matthew A. Schiavone Vera Mae Kiddwell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) Cambridge Hospital Records No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH Intracranial injuries IMMEDIATE CAUSE (a) This certificate should writing the word DUF TO Instant Canditians, if any, which gave Multiple fractures skull rise to immediate cause (a), DUF TO stoting the underlying couse 00 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) removol, PERFORMED? please execute the certificate, NO X be 20a. EXTERNAL CAUSE WAS PRIMARY LA OF CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part 11 of item 18.) 3 should 4 should 0 CAUSE OF DEATH Passenger in auto in head on collision. cremotion. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.)
Highway YOUR 12.30PM 7-28-67 Not While DIRECTOR: Poge at wark Vienna Md. Dor. at wark 21. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinion Inspection Por Accident X death resulted fram: Natural causes Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER moy be re FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 7/29/67 John ace Health | NAME (Type Address (Street, city, tawn, or county) 23c. NAME OF CEMETERY OR & MEMATORY 23d, LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b. DATE THEREOF (County) Semoval (Specify)

24. FUNERAL DIRECTOR.

Rinaldi 0 MT. OLIVET LEMETERY Funeral Home, Washington, D.C. VR A15ME (5) 7400 Georgia Ave. N.W



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09538 09534 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTYPRINCE George o. COUNTY o. STATE delay is and 3 to 'M3. Page Dorchester MARYLAND CITY OR TOWN (If outside corporote limits, write RURAL ond give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3 40 Min. Hyattsville Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS farm ON A FARM? in pencil in Item 18. Give Pages 1, 2402 Woodbury Street Cambridge Hospital NO P MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. 4 DATE Office alang-with NAME OF Middle Lost Year DECEASED Schiavone DEATH July 28,1967 (Type or print) Vera Mae 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Hours and in any event within 72 haurs after death. WIDOWED DIVORCED White 10 Female 10o. USUAL OCCUPATION (Give kind of work done during mos) of working life, even if retired) 10b. KIND OF BUSINESS OR RJHPLACE (Stote or foreign country 12. CITIZEN OF WHAT INDUSTRY ASHINGTON certificate, writing the ward "pending" in pencil in ould be farwarded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME AWRENCE IZABETH 17. INFORMAN 16. SOCIAL SECURITY NO (Yes, no, or ynknown) (If yes give wor or dotes of service Campridge Md. Hospital Records UNKNOWN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY Intracranial injuries 1 hour IMMEDIATE CAUSE (a) DUE TO Multiple skull fractures Canditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) crematian, ar remaval, NO 20o. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld Passenger in car in head on collision CAUSE OF DEATH MEDICAL (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) 12.30PM 7/28/67 Md. FUNERAL DIRECTOR: Page Vtenna. Dor. Highway Inspection , Inquiry , and in my apinian 21. I certify that I taak charge of the remains described above, held an Autopsy ... Accident XX Undetermined manner death resulted from: Natural causes Suicide . Hamicide funeral directar. retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Health priar 7/29/67 may be DEPUTY MEDICAL EXAMINER John Mace Jr. Address (Street, city, town, or county)

VR A 15ME (5)

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BURIAL, CREMATION

CEMETER 2Sb. REGISTRAR'S SIGNATURE Funeral Home, Washington, D.C. 6M 1/67 Georgia

NAME OF CEMETERY OR CREMATOR

(Stote)

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FOR STATE 1 09535
HEALTH DEPT:

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09539

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		MLD	ICAL LAMININ	ILK 3	CERTIFICAT	LOI	DLAIII					
1. PLACE OF DEATH a. COUNTY Dorchester MARYLAND				LAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester							
b. CITY OR TOWN Write RURAL on Rural -C	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL a Rural—Cambridge				AL and give ned	and give nearest tawn)				
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  Cason's Neck Road, RFD No. 3					d. STREET ADDRESS Cason's Neck Road, RFD No. 3  e. IS RESIDENCE ON A FARMAY YES NO							
3. NAME OF First DECEASED VERNIE (Type or print)			Middle ALLEN	Lost SEWARD		Year 19 67						
S. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		July 15,	189	9. AGE last 7	In years pirthday) yrs.	IF UNDER 1 YEA Manths Day		Min.	
during most of working Carpenter	N (Give kind af wark dane g life, even if retired) -Waterman		ND OF BUSINESS OR DUSTRY—Seafoc	od	Dorches			ryland	12. CITIZEN COUNTS		SA	
13. FATHER'S NAME	Thomas Edw	ard Se	eward		14. MOTHER'S MA Susie		ly Hubba	ard	S.Fr			
	ER IN U.S. ARMED FORCES? (If yes give war ar dates af		social security no.	17. I Mrs	NFORMANT S. V. A.	Sewa	rd, RFD	#3, C		ge, Mo	i.	
	y, which gave ) (I te cause (a), erlying cause	Coro 0	(a), (b), and (c),} nary occ	lusi	on					INTERVAL BE		
PART II. OTHER S	IGNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELA	ATED TO 1	THE TERMINAL DISEA	ASE CONDIT	ION GIVEN IN PA	ART I(a)		PERFORM	TOPSY MED? NO	
O CAUSE OF DEATH.		20b. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter nature of inj	ury in Part	I ar Part II af i	tem 1B.)				
20c. TIME OF INJ Hour a.	IURY Manth, Day, Year m. 19	20d. IN While at wark			CE OF INJURY (Ham ary, street, affice bld		20f. (City	ar tawn)	(Caunty)		(State)	
ACTUAL SIGNATURE	ty that I took charge lted from: Natural John Mace		Accident [],		ide, Han CHIEF MM.D. ASSISTAN DEPUTY	EDICAL EXA NT MEDICAL MEDICAL EX	], Undeter	7/28	8/67	22. DATI	E SIGNED	
23a. BURIAL, CREMATI	ON, 23b. DATE THER		23c. NAME OF CEME Dail Fami		CREMATORY Cemetery		23d. LOCATION RFD #	(City ar Taw		nty) (	(State)	
24. FUNERAL DIRECTO	R Funeral Serv	ice, (	ADDRESS Cambridge,	Mary	yland 250	AUG	REGISTRAR	2Sb. REG	ISTRAR'S SIGNA	TURE	pt.	

VR A15ME (5) 6M 1/67

5 may be retained for your files.

in pencil in Item 18. Give Poges 1, 2, and 3 to

This certificate should be executed within 24 hours ofter death. If

the State Deportment of

any deloy is

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

"pending"

necessory, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

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TO SECTION	What		
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MARYLAND STATE DEPARTMENT OF HEALTH 09536 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09541 CERTIFICATE OF DEATH be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (If Not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Dd T YES NO 12 NAME OF carban Middle 4 DATE Month Year DECEASED OF DEATH (Type or print) 6. COLOR OR RACE IF UNDER 1 YEAR NEVER MARRIED 9. AGE (In years IF UNDER 24 HRS lost birthdoy) Months Hours WIDOWED DIVORCED 10-01 IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician of physician of physician of the physician of t during motor of working life, even if retired INDUSTRY COUNTRY? and certificate HOUSE W1-13. FATHER'S NAME MOTHER'S MAIDEN NAME ar removal IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PHYSICIAN: The law requires that the death (Yes, no, or unknown) (If yes give wor or dates of service) burial, cremotian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN the burial-transit PART I. DEATH WAS CAUSED BY: DISET AND DEATH Umor Colon IMMEDIATE CAUSE (a) à **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO signed Conditions, if ony, which gove rise to immediate cause (o). DUE TO stoting the underlying couse this certificate has been (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While 19 21. I certify that (I) (this hospital) attended the deceased fram FUNERAL DIRECTOR: and that death accurred at 330pM, fram causes and an the date stated abave. saw the deceased alive an 22o. SIGNATURE directar, page 3 should be filed v M.D. DIRECTOR 22c. PHYSICIAN'S **ADDRESS** NAME (Type) 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) EMOVAL (Specify) 7-22-6 EASTON 2 24. FUNSRAL DIRECTOR VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09540 09537 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY DORCHESTER requires that the death certificate be executed within 24 hours ofter completely filled in by the fu love carbon papers. Pages 1 y event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) LIFE LINK NOOD. MD. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CAMBRITGE MARYLAND HOSPITAL. NO X YES 3. NAME OF 4. DATE OF First Lost Day Year DECEASED WILHELMINA BATTEY STANLEY (Type or print) JULY 1967 DEATH 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED DATE OF BIRTH ottending physician and compermit. Then please remove lost birthdoy) Months Doys Haurs WIDOWED DIVORCED NEGRO 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? WICOMICO CO.. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova BATLEY ELIZABETH BATTEY 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 211-07-8809 WHEN BENEFIT A. B. STANLEY LINKWOOD burial, cremotian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).

PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (6) Cardiac Decompensation ottending physician. DUE TO Coronary heart disease weeks Conditions, if ony, which gove rise to immediate couse (a). DUE TO has been see os the the prior to the stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) be detached for use State Dept. of Health NO X be retained by the hospital or this certificate 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur o.m. foctory, street, office bldg., etc.) of work TO FUNERAL DIRECTOR: After June 20, 21. I certify that (I) (this hospital) attended the deceased from\_ 19 director, page 3 should should be filed with the saw the deceased alive an July 10. 719 67, and that deoth occurred at. M, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FASSETT. HIIGH 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15 (4) CAMBRIDGE. MD. 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY Dorchester Maryland Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge Cambridge Vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Glasgow St. Cambridge-Md. Hospital NO A YES arbon p death certificate be executed within NAME DE DATE Year Middle Last Day DECEASED (Type or print) DEATH July 10 19 6 Ethe] Turner Laverne 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. and cor 8. DATE OF BIRTH 9. any WIDOWED DIVORCEDX White Jan. 29, 191 Female 10a. USUAL OCCUPATION (Cive kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? U.S Baltimore Md. Restaurant Waitress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ethel Wagner Hanry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unkown) (If yes give war or dates of service) Wayne V Turner Rt. 1. Hebron ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE attending physician. signed Jins s. the burian of burial, c DHE TO Hypertensive Cardio Vascular Disease Conditions, If any, which gave rise to immediate as the t DUE TO (a), stating the underlying cause last. PHYSICIAN: The law CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORMED? certificate NO X 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTINC ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 0 to 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at 5:00. Them the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SICNED ATTENDING PHYS. 7-11-67 DIRECTOR PHYS. M.D. director, pa PHYSICIAN'S BUNKER. M. D. Ave. Cambridge Md. NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Dorchester Mem Park ADDRESS 125a, REC'I Cambridge Md. Burial 1947 Cambridge Md. VR A15 (4) DATE 20M

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 moy be retained by the hospital or attending physician.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09541

## CERTIFICATE OF DEATH

09545

130	41		CERTIFIC	AIL	OF DEATH							
1. PLACE OF DEAT	Н				2. USUAL RESIDENCE (	Where dece			nce befor	e odmissi	on)	
O. COUNTY DORCHESTER			MARYLAN	ND I	o. STATE MARYLAND b. COUNTY WICOMICO							
b. CITY OR TOW	N (If outside corporate limit	ls, c.	LENGTH OF STAY IN 1		c. CITY OR TOWN (If or		rote limits, write RU				-	
write RURAL	ond give neorest town)		18 Days					3	2	7 -	)	
	PITAL OR INSTITUTION (If n	at in hasnital give	street address)		d. STREET ADDRESS	NSBUR	(6		*	e IS RESII	DENCE	
					d. SIKEET ADDRESS					ON A F	ARM?_	
	SHORE STA T									YES	NO X	
I. NAME OF DECEASED	F	irst	Middle		Lost	4. DATE	Mon	th	Doy	Yes	ar	
(Type or print)	ISAA	c S	SAMUEL		IITE	DEATI	H JULY	2		16		
i. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER Months	Doys	IF UNDER Hours	R 24 HRS. Min.	
MALE	WHITE	WIDOWED _	DIVORCED [	06	-26-89		78 yrs.	MOIIIIS	Duys	110012	MIII.	
	ION (Give kind of work done		OF BUSINESS OR \		11. BIRTHPLACE (County	& Stote, or f	oreign country)		TIZEN OF			
CARPENTI	ing life, even if retired)	pyous	Tired		MARYLAN	In.			OUNTRY? USA			
13. FATHER'S NAME		1.160			14. MOTHER'S MAIDEN				007			
Tuoma	Maria			0	Managan							
THOMAS	EVER IN U.S. ARMED FORCES?	1 16 500	IAL SECURITY NO.	17 IN	MARGARET	SEAR	Addr	0.00		_		
(Yes, no, or unknow	n) (If yes give wor or dotes	of service)	21. 1111			-		-				
UNKNOWN	1/1/0	dil		RECO	RDS OF THE	EAST	ERN SHOR	E STA				
18. CAUSE OF	DEATH (Enter only one con EATH WAS CAUSED BY:	use per line for (o),	(b), ond (c).)	1	114/4	1	10	5		ERVAL BET SET AND D		
	. IMMEDIATE CAUSE	(o) 1000	MOMI	N,	Right	vas			12	- day	15	
42.8	DUE	10 O Y	, 0	4	1 1		, 1)-		10	- 1		
	iny, which gove	(b) Uries	iDACKER.	O CU	Casal	ovas	, Vin		1/8	MI	13-	
	derlying couse DUE	TO										
last.	)	(c)		M								
PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING TO D	EATH PUT NOT RELATE	D TO TH	E TERMINAL DISEASE COI	NDITION GIV	/EN IN PART 1(o)		19.	WAS AUTO PERFORM	OPSY	
20o. ACCIDENT V	Chroner	Dogu	11000	Inn	200,-						NO X	
20o. ACCIDENT	WAS UNDERLYING	20h DESCRI	BE HOW INJURY OCCUP	RRFD (Fr	nter noture of injury in	Port Lor Po	ort II of item 18 )	1.79	- 1		- 1	
OR CONTRIBUTI	NG CAUSE OF DEATH	2001 023011	or non major occor		nor notoro or injury in	101110110	,,, ii or nom 10.,					
E LIF EITHER, NUT	FY MEDICAL EXAMINER)  NJURY Month, Doy, Yeor	204 INILII	RY OCCURRED 20	o DIACE	OF INJURY (Home, form	n. 20f.	(City or town)	150	untu)	,	(Stote)	
20c. TIME OF Hour	o.m.	114 11	41 - 144 11		, street, office bldg., etc.		(CI:Y or fown)	(CO	unty)	(	(2101e)	
	p.m. 19	ot work L										
	rtify that 🍓 (this has		the deceased fra	m_7	-3-,1	1967				at (I) (4		
	deceased alive on	7-21-	19_G_7, and	d that	death occurred at	1110	M, from causes	and on t	hé date	e stoted	obov	
22o. SIGNATU	RE CH	1			ATTENDING -	MED.	STAFF >=	22b. D	ATE SIGNI	ED		
	TURIL	11/1		M.D.	PHYS.	DIRECTOR	PHYS.	3 7	-2	1-6	7	
22c. PHYSICIA					22d. ADDRESS	190					1	
NAME (Ty	EDWARD	LEWIS M.	).		EASTE	RN SH	ORE STAT	E Hos	PITA	L		
230. BURIAL, CREMA		FREOF 2	NAME OF CEMETER	RY, OR CR	EMATORY	23d. L	OCATION (City of To	wn)	(County)	), (S	tote)	
REMOVAL (Spe	7/25/	1967	PARSONS	600	of Cem	PAI		ino.	WI	1 7	no	
24. FUNERAL DIRE	TOR	18/	ADDRESS	001		D BY REGIST		EGISJRAR'S			- 00-	
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1 111 1	010 (1115-1	10171	7 7 7 7 7 7 1	VI	LIFT I UAIL			-	LJ77 '	War Tolling	Carl.	

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VR A15ME (5) 6M 1/67

24. FUNERAL DIRECTOR from Kamplein Franchion Funeral Hom

TAREA The surface of the su It is been the read of the second of the sec Mill affairmaliant by to bear the property of the National 1959/Charles Ecolo II and America December 1951 A TOP THE TANK OF THE PROPERTY OF THE PROPERTY